UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	al/Paten	t # <u>10/5</u>	17201	
3 Please refund the following fee	e(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			12/8/04	\$ 100
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND \$ (00		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
Overpayment			Credit Dep	osit A/C #:
Duplicate Payment		9	194	4375
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: John Andere TITLE: Paralejas Specialist SIGNATURE: Phone: 308-9140 ext 211				
SIGNATURE: In audin			PHONE: 308-	9140 ext 211
office: PCT - Do /Go				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B